STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155209	A. BUILDING _____ B. WING _____	C 03/27/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF CLIFTY FALLS THE	**950 CROSS AVE MADISON, IN 47250**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint #IN00145054. This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification, State Licensure and Investigation of Complaints IN00132248 and IN00134516 completed on January 31, 2014. Complaint #IN00145054 - Unsubstantiated. No deficiencies related to the allegation are cited. Survey date: March 26 & 27, 2014 Facility number: 000116 Provider number: 155209 AIM number: 100266330 Survey team: Jennifer Carr, RN - TC Census bed type: SNF/NF: 97 Total: 97 Census payor type: Medicare: 15 Medicaid: 77 Other: 5 Total: 97 Sample: 3 The Waters of Clifty Falls was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 000	Continued From page 1 Complaint IN00145054. Quality review completed on March 31, 2014, by Cheryl Fielden RN.	F 000		